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TYPHOID FEVER VACCINATION.

The following extract from an article on typhoid fever in a recent number of the Journal of the American Medical Association makes us, who are in hospital positions, realize what our responsibility really is in regard to typhoid fever prophylaxis among the nurses and attendants of our schools. "Perhaps the next class in the community which is especially exposed to the danger of contracting typhoid fever includes the permanent attendants on sick people in general hospitals, viz., the nurses, the orderlies and the resident medical staff. It may be fairly said that at present those in authority are liable to be censured if they do not insist on these individuals receiving typhoid fever inoculations, unless it may be those in hospitals where typhoid fever is never treated."

In spite of taking as complete precaution as possible, still from time to time a nurse will develop the symptoms of typhoid fever and be off duty several months, with the added possibility of danger of death always staring one in the face, and adding one more to the many anxieties of the Superintendent of Nurses who cannot always follow up the nurses to see if the technique taught is rigorously carried out.

This year when we had an unusual number of cases of typhoid fever, we decided to give the prophylactic treatment. We did not insist on its being taken, but advised it and set the example. The treatment was given according to army routine, and consisted of three doses given ten days apart.

The vaccine is prepared from attenuated typhoid bacilli which have been killed by heat and have had a small amount of antiseptic added to prevent contamination by aerobic germs. The first dose was 500,000,000 of the bacilli, and the two following consisted of a billion bacteria. These doses were about ½ c.c. given in the arm by an ordinary small Luer syringe; the arm being prepared by swabbing with tincture iodine, and immediately after the injection washing the area off with alcohol.

The reaction varied very much, some felt nothing but a soreness of the arm, others were miserable, had general malaise, and in some cases there was a decided rise of temperature for a few hours, in one case rising to 104 degrees F. with headache, severe backache and aching of all parts of the body.

As I did not know just how ill the nurses might be after the injection, we took them in groups of six or so, following it up by inoculating another group a few days later. In this way the hospital routine work was not disturbed at all. Only two of the forty-five nurses had to go off duty, and then only for one day. In some cases the initial dose was the most troublesome, in others the second and with the rest the third. There seemed no way of telling why the reaction differed so very much with different people. Those who had had typhoid fever

had no reaction except the sore arm. But there were a number who had never had the disease who had the same lack of reaction. The sorest arm was nothing like as sore as a small-pox vaccination usually is, and the little nodule in the centre lasting for a week or two gave no trouble.

As this treatment is comparatively new, the length of time in which one is immune is not known, but it is probably good for several years at least. All the nurses but one were only too glad to accept the treatment and a load of worry was lifted from my mind by the time the last nurse was prepared to face safely the ever present danger of contracting this most dangerous disease.

If we insist on vaccinating our nurses against small-pox, which is comparatively rare, why not be consistent and prevent the weeks of illness by vaccinating them against this far too common danger.

HELEN RANDAL,
Superintendent of Nurses, St. Luke's Hospital,
San Francisco, Cal.

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NURSING IN TENTS.

This does not seem a very opportune time to present this subject, but to me it is a convenient time and an idea is easily carried about.

I am writing more particularly to those nurses who are sometimes called to small, unsanitary homes. I have nursed in a number of small villages and in isolated country districts where there were no conveniences and where no member of the family or servant staff (more often there was no servant) had the least idea of antiseptic measures. There are many refined, educated women in these out-of-the-way places, but it is remarkable how little idea even many of these have of precautionary measures such as should be observed in cases of fever, measles, tuberculosis, pneumonia, etc.

The problem of caring for the patient in one of these small homes, to say nothing of protecting the rest of the family against the disease, is indeed one that tries the nurse sorely at times. When a number of small, inquisitive children and swarms of flies add to the difficulties, then the nurse finds herself wondering if, in spite of her work and care, circumstances will not prove too much for her.

In one village where I nursed I found this problem could be solved by moving the patients into tents. In the hot summer time the tent was shaded by a second canvas stretched above it or by boughs, board screens or the north side of some tall building. Mosquito netting stretched across the front or entrance of the tent keeps out the flies. The tent, though very hot at mid-day, is very comfortable at all other times. Having the patient in the fresh air, away from the continual heat, noise and distractions of a small home is a great benefit to patient and nurse, while the removal of the source of contagion is a like benefit to the family.

I have usually found people very willing to buy or borrow a tent and I have invariably found that the patients enjoyed tent life.

Two months ago I had three tents pitched in a small village. In one I had a tuberculosis patient, my own tent was pitched near, while a short distance away was the tent of a diabetic patient. Both patients gained strength rapidly and

both assured me they enjoyed the open air life and found their illness less irksome than they would have done had they been confined to a room indoors. I was a stranger in the village but the doctor for whom I was nursing told me that all three tents had been loaned him by those interested in his patients. He told me he was buying one of those tents and one or two new ones in order that he may carry on the same open air treatment next summer.

Open air treatment has long been recognized as the proper one for tuberculous patients and I think a time is coming when we will realize that it is a very great benefit in many other diseases as well.

MARGARET LAMB.

THE NURSES' SOCIAL UNION.

In 1909 a meeting of ladies, professional and otherwise, was held in a country town in the west of England, to consider what could be done to lighten the lives of district nurses in country places; and to bind together all those who were at work in any way in the neighborhood in some sort of league for work and recreation. This was the beginning of the "Nurses' Social Union," which has lately issued its second annual report and bids fair to become a great and useful organization.

It calls itself an association under the special guidance of all branches of the nursing profession to promote social health and welfare. The objects it aims at are far reaching. "To keep nurses in touch with other social workers and with the new development in their own and kindred callings; (2) to foster a true sense of citizenship among nurses and to utilize more completely their special knowledge, experience and opportunities for the welfare of the community; (3) to promote co-ordination in nursing work by mutual help and understanding, and to enable nurses to lay before an organized body the questions that concern them; (4) to afford occasions for meeting fellow-workers and for recreation; and (5) to hold up a high ideal of work and thought."

The methods by which it is hoped to attain these objects are varied, and, above all, practical. Lectures are given to the members by medical men, sanitary inspectors, poor-law authorities, social workers and other experts; visits are arranged to museums and special and other hospitals. It is hoped that in time courses of post-graduate lectures and training may be added. Help is afforded to nurses who are acting as health lecturers by the loan of diagrams and nursing appliances, and the publication of simple leaflets on the subject of hygiene. Provision is also made for the sale of cheap hygienic feeding bottles and tooth brushes.

The Union owns an extensive library of professional books and papers which are at the service of the members on the payment of a small fee; and even more useful than this are the open air shelters which are owned by some of the branches of the Union, having been provided for the use of phthisical patients by voluntary subscriptions collected by the members. It is felt that these shelters may often arrest the disease in its early stages and enable the patient to have the necessary treatment while waiting for a bed in a sanatorium; or again, they may enable patients who have returned from sanatoria

to continue open air treatment. But, even more urgently than all, the shelters prevent cases of tuberculosis from being a source of infection to others who are living in cottages without facilities for separate sleeping accommodation. Information as to the shelters may be obtained from Miss Joseph, Holford, Bridgewater, England, the honorary County Organizer.

The social side of the Union is much appreciated by the members. Garden parties, pastoral plays, in and out-door concerts have figured on the year's programme, and every meeting of whatever sort is wound up with the inevitable cup of tea. All this brings the scattered members into touch with each other, and tends to make the lonely ones feel that they are less alone in their aims and attempts.

For the Union is not intended for only one class of nurse; it is sufficiently elastic to adapt itself to varying needs and circumstances. Its foundation is this: the knowledge that the nursing profession stands alone in its opportunities for good. "The nurse has no walls to break down before she enters the stronghold; she is admitted as a friend where others have to use force or diplomacy. Nurses enter into the very heart of life, they are in close contact with human beings when great suffering or great joy has broken down every barrier. What other profession occupies this privileged position, and how can these opportunities be made the most of?

To find the answer is one of the main objects of the Union. It urges upon its members the great service which they can render to the state in the prevention of disease. This should be one of the chief functions of the district nurse in particular, she should lose no opportunity of warning in cases of phthisis and infectious disease in general, and also of urging the necessity of consulting a doctor in cases where the sufferer thinks that the symptoms will cure themselves in course of time. Such are women with early signs of uterine cancer, which is so often put down to natural causes, and is neglected till the disease has gone too far for anything but partial removal.

The Central Organizer, Miss Eden, of Kingston Grange, Taunton, has what must be a unique set of lantern slides, to which she is constantly adding in her frequent journeys to the continent. These slides are often on exhibition at members' meetings, and are well worth seeing, as they show pictures of anything connected with medicine or nursing from Egyptian times through the middle ages to the present day. There are illustrations of the baby clothes of many countries and times, copied from old pictures and carvings; surgical operations and bandaging from old illuminated manuscripts; portraits of famous mediaeval physicians and accoucheurs; and photographs of the latest devices for modern hospitals and operating rooms.

The amount of work done by this Union is not at all proportionate to, but greatly exceeds, the small cost of running it. The nurses' individual subscriptions are very small, and though there is a little help given by outsiders, yet it is the enthusiastic work put into it by the Central and County Organizers that makes it a success. The Union will be fulfilling its purpose if it makes an increasing number of nurses think and realize what are their duties and opportunities for serving the body politic.

M. N. OXFORD.

Keynsham, England.

THE CANADIAN NURSE EDITORIAL BOARD.

The first Annual Meeting of "The Canadian Nurse Editorial Board," Incorporated, was held at the Graduate Nurses' Club Room, 22 College Street, Toronto, on Wednesday, November 22nd, 1911, at 3 p.m. The President occupied the chair. There were eleven members present. Four letters were read from members expressing regret at inability to attend.

The Secretary in her report reviewed the work of the past year, expressing the appreciation of the Board of Directors for the kind co-operation and assistance of members of the Editorial Board and others in helping "The Canadian Nurse" onward to success. She said further: "Our large Editorial Board is composed of representatives from all parts of the Dominion, but these do not all manifest that interest and co-operation in the magazine which we hope to establish. Many do not realize their responsibility as a representative either to the association which appointed them, or to the magazine. A uniformity of interest should be one of the most valuable assets of our recent reorganization, bringing forth the co-operation of every individual nurse."

Reference was made to the splendid work of Dr. MacMurchy, the first editor, in establishing the journal and giving to it so many years of work, and also to Mr. John Ross Robertson, who had made the incorporation of "The Canadian Nurse Editorial Board" possible.

The Treasurer's report showed the total receipts for the year to be $405.80, $30.00 of which was contributed to "The Canadian Nurse" Fund, and the disbursements to be $332.20, leaving a balance of $73.60.

The report of the manager, Mr. D. O. McKinnon, showed the receipts from October 1st, 1910, to October 1st, 1911, to be: From subscriptions, $987.96; advertisements, $1,764.09; total, $2,752.05; and the expenditures to be $2,640.08. (This does not include any salary for Mr. McKinnon, which, so far, has been nil.)

Every member of the Board should try to improve that item—"from subscriptions." The list should be doubled at the very least.

The President gave a short history of "The Canadian Nurse" from its first number in March, 1905, to the present. The story is one of unceasing effort, thoughtful planning, difficulties overcome, work accomplished, but ideals far from realized.

It was largely due to the optimism of the business manager that the Board was able to carry on the work of the magazine when it was dropped by the Acton Publishing Company in January, 1910. The Board is indebted to Mr. McKinnon for his support then and since the magazine has been in his care.

The Canadian Nurse Fund, which has only reached $30.00, was started with the object of raising at least $1,000.00 to enable the Board to undertake the entire management of the magazine. "We ought to give our best to our Canadian National Nursing Magazine—it is for the benefit of the profession, it is necessary for the growth and uplifting of the profession, therefore it is worth while."

The President closed her remarks by appealing to every member of the Editorial Board for hearty support for the next year. The strong, united effort of every member of the profession should build up and improve "The Canadian Nurse" and make 1912 the best year in its history.

The election of directors resulted in the appointment of Miss M. E. Christie, Miss E. B. Barwick, Miss L. L. Rogers, Miss E. J. Jamieson and Miss J. McNeill. It was decided that the editor should be a member of the Board of Directors, ex-officio. The President spoke of the need of some form for membership of "The Canadian Nurse Editorial Board" and submitted one to the meeting, which was adopted. One member remarked, "I think we need something like that to act as a spur. If you have a definite thing to do, you will do it, whereas if it is not called to your mind it is forgotten." The forms will be printed and submitted to the representatives for their signatures.

The Directors meet on November 29th at 19 Classic Avenue, Toronto, to appoint officers. Miss L. L. Rogers, 908 Bathurst Street, Toronto, was appointed President; Miss Jamieson, Vice-President; Miss M. E. Christie, 19 Classic Avenue, Toronto, Secretary-Treasurer, and Miss Bella Crosby, Editor.

QUESTION BOX.

The following answers to questions of "Enquirer" in December number have been received:

1. 116 degrees F.

2. Perforation: Being usually fatal in twenty-four hours, all that can be done is absolute rest, application of an ice bag to the abdomen or semi-narcosis by opium.

Hemorrhage: Ice cold injections may be given; make cold applications over abdomen.

3. Sputum to be collected for doctor's inspection should be perfectly free from water (which is often placed by some nurses in the bottom of the cup with the idea of preventing the sputum from sticking to the bottom) and placed in a clean glass sputum bottle, well corked, and sent out for examination as soon as obtained.

4. Contagious disease: Communication of disease by contact.

Infectious disease: Communication of disease.

Contagious diseases are infectious, but all infectious diseases are not contagious.

Examples: Contagious—Influenza, mumps, measles, epidemic roseola, scarlet fever, small-pox cow-pox, chicken-pox, typhus, pestilentia, relaping fever, cerebro-spinal fever, diphtheria, cholera (epidemic), glanders, scabies, whooping cough. Infectious—Typhoid fever, syphilis, septicemia, tuberculosis.

5. Measles: a contagious exanthem, characterized by the presence of catarrh of the respiratory mucous membrane and a peculiar eruption coming out on the fourth day.

Partly for the sake of counteracting spread, partly of preventing aggravation of various mucous inflammations by exposure to cold, confine to room, and when possible to bed, until febrile symptoms have subsided. Medicine not generally necessary but partly to promote the excretions and to relieve the irritation of the respiratory mucous surface a mixture containing a small quantity of ammonia with the acetate of ammonia to which add ipecacuanha wine and minute doses of laudanum (very minute in cases of young). Administer frequently. A little black currant jelly may be used and gargle throat with warm milk for

soreness. Purgatives avoided or used with great caution. Diet mainly bread and milk, beef tea. When convalescence is in progress, vegetable tonic and a substantial diet gradually adopted. When eruption is dusky or comes out imperfectly and the patient at the time appears very ill, a warm bath is of service. When patient shows signs of exhaustion, which indicates the malignant form, and when typhoid symptoms are present, stimulants are imperative. Packing with the wet sheet is useful if the patient becomes restless and should be continued one hour or longer, 3-4 times per diem.

When during progress of disease, scales or crusts form upon the skin, their diffusion should be prevented by smearing the surface daily with some form fat. Patient should be isolated as efficiently as circumstances permit.

Room should be well ventilated, agreeable temperature and patient carefully protected from draughts and chills.

Sprinkle floor daily with disinfectant fluid and cleanse curtains, carpets, clothes. All unnecessary articles of furniture removed.

Door kept closed and sheet kept wet with carbolic solution hung outside.

Sputum, vomit, urine, faeces, food left over, emptied into vessel containing solution of carbolic.

Rags used for wiping discharges from nose and mouth burnt.

Crockery and glass placed in carbolic solution, remaining one hour, and then boiled.

Nurse in attendance should, if possible, be such as has already had patient's disease. Hands should also be kept clean, using carbolic acid soap. She should be with patient as much as possible and only leave under proper precaution.

Nurse should have full authority with regard to excluding visitors.

Nurse should see that patient does not mix with rest of family until all peeling of skin has ceased or until all specific phenomena of disease have gone and then patient should be well purified by the use of warm bath and carbolic acid soap.

She should see that clothes have been properly disinfected before being used again.

When sickness has terminated, sick room and contents should be disinfected and cleansed, i.e., spread out and hang upon lines all clothing and bedding, well close the fireplace (if one is in the room) and windows, fumigate for twenty-four hours (ceiling should be whitewashed, paper stripped from walls and burnt); furniture and all woodwork washed with soap and water with a little chloride of lime. Beds, mattresses and articles that cannot be washed should be submitted to a heat of from 210-250 degrees for two hours or more.

A little disinfectant should be kept standing in all sputa cups, urinals and bed pans, ready for use. For this purpose Condy's fluid is best, the efficiency of which has gone when it has lost its color.

The most powerful and rapid of liquid disinfectants is the solution of bichloride of mercury (corrosive sublimate).

Nothing should be worn in the room which may not afterwards be washed or destroyed.

There is nothing small enough to be careless about, even the broom which sweeps the floor should not be used again elsewhere.

While neglecting no possible precaution, try not to create unnecessary alarm. People afraid of infection are predisposed to it by acquiring a nervous condition which renders them doubly susceptible.

Take care of yourself as well as patient. Try to secure rest and nourishing food at regular hours. A brisk walk in the fresh air is the best possible disinfectant for yourself.

Avoid contact with all outsiders and always change clothes upon going out. The hair which cannot be changed should be covered with a close cap.

6. Yes. Strictly isolated.

7. No. A room should be provided for the nurse, so that she would not be obliged to sleep in infected room. When possible there should be two nurses for every such case, that each may get the daily open-air exercise which is so important.

8. Epilepsy: The most constant feature of the first stage of the fit is the sudden onset of *absolute unconsciousness;* pupils oscillate; tongue bitten; invols. Patient is morose and despondent, mistrusts and fears those around him.

Hysteria: Patient, no matter how severe her attack may be, is very seldom totally unconscious and may be easily aroused; tongue not bitten; no invols.; eyelids closed but pupils respond to light; respiration never ceases but is noisy and irregular.

Convulsive seizures are common manifestations of hysteria and may closely simulate the paroxysms of true epilepsy but there is no aura.

9. Acute gastritis: The irritability of the stomach renders the introduction of food in bulk into that organ impossible or undesirable. A little ice may be sucked or ice cold water or milk sipped.

9a. General diet in disease of the heart: All depends. In simple cardiac hypertrophy bodily health should be maintained by the use of wholesome, nutritious, but not too abundant, food, and by the cautious employment of stimulants.

A. C. S., Toronto.

THE PLACE OF APPRENTICESHIP IN VOCATIONAL EDUCATION.

It is a familiar argument with those who support the present methods of teaching nurses, that the problems here involved have no parallel in other kinds of vocational education, and that the general principles which govern the teaching in these other fields cannot, therefore, be fairly applied to the schools of nursing. It is the purpose of this paper to show that the larger problems which confront us in nursing education have been met in one form or another in almost every trade or profession, and that the limitations which we seem to regard as peculiarly our own are indeed inherent in the apprenticeship method of education.

It will be necessary first to inquire how that system originated, what the special influences are which have modified it, and how it has adopted itself to modern conditions and modern requirements in other fields of work and in our own. We will then be able to determine what are its strengths and weaknesses as a method of education.

I use the term vocational to describe those types of education which prepare the pupil for some specific occupation or share in the world's work. It includes

the professional preparation of lawyers, doctors, teachers, etc.; commercial training as bankers, bookkeepers and salesmen; the industrial occupations such as carpentering and plumbing; agricultural specialization and training in the household arts.

The apprenticeship system arose early in the middle ages in connection with the guilds of western Europe, as a means of restricting entrance into the crafts and professions, and of insuring a reasonable standard of efficiency among the members. The apprentice entered into a legal contract with a master, who promised to initiate him into all the secrets or mysteries of his trade or profession, in return for seven years of service, during which time the boy lived with the master and received food, clothing, shelter and education.

As the merchants and crafts guilds became stronger and more unscrupulous in trade competiton, apprentices began to be exploited for profit to their masters. Under the repressive measures of Elizabeth's reign, the guilds declined, but apprenticeship remained as the universal method of learning any skilled occupation. Toward the end of the eighteenth century came the introduction of machinery, and the tremendous social and economic readjustment made necessary by the rise of the factory system and the substitution of machine for hand labor. Specialization in industry and the increased demand for cheap unskilled labor gradually led to the abandonment of the old apprenticeship system in most of the trades.

The abuses which accompany any form of apprenticeship have always been fully recognized by those interested in human welfare, by employees and even by employers, but the fact remains, that its gradual abandonment in industry has resulted in the lowering of standards of workmanship and of wages and the rapid multiplication of unskilled laborers. The unions are in favor of the old system for this reason, but owing to the necessities of their organization have not been able to enforce it generally. Under these conditions, it would never be possible to revive the old compulsory system of apprenticeship. Some attempts are being made, however, to meet the very urgent needs of the present industrial situation; by various modifications of the old system with which we will deal later.

Leaving for a moment the industrial situation, we will go back to the history of professional education, and see how the guilds of learning dealt with their problem. Instead of relinquishing their rigid apprenticeship regulations, they seem to have defended them even more vigorously as time went on—Medicine, Law, and to a great extent Theology, retained their strictly certified qualification as a condition of practice, and so reserved a monopoly of trade for a deliberately restricted body. Taking medicine as an example, the prevailing type of training up to fifty years ago was that of apprenticeship. The young student became a resident in the physician's household, where he was taught to compound prescriptions, to bleed, to cup, to pull teeth, to dress wounds, to spread poultices, gather herbs, and perform a great part of the work now divided between the physician, druggist, dentist and nurse.

In the latter part of the eighteenth century some physicians in England and the Continent began to realize that this method of initiation into the art and mystery of medical practice was unscientific and altogether unsatisfactory.

They began to found schools of medicine, with regular courses of lectures and laboratory practice. Two or three such schools appeared in America, but owing to the unsettled state of the country, these were discontinued, and ambitious students were compelled to seek advanced study abroad. Of 3,000 practitioners in America at the time of the war only 500 had any medical or surgical degree.

The early schools of medicine in America were little if any improvement on the apprenticeship systems. Low standards of entrance, short lecture courses, and cheap diplomas, brought into the field thousands of under-educated, inefficient medical jobbers, and to this commercial type, Dr. Flexner assures us, two-thirds of our medical schools still belong.

But though there are many suggestions for improvement in medical education, no one would for a moment think of going back to the apprenticeship system. The wonderful results of modern medicine are the fruit of scientific investigation. The thorough mastery of all these steadily widening fields of medical science could never be attempted by the old method of educational servitude, and the intelligent public in self-defense would strongly oppose any such suggestion.

Much the same story could be told of the development of schools of Law, of Engineering, of Dentistry, etc. In Law, the old method of study in the office of an Attorney is rapidly giving place to the systematic training of the Law School. The testimony of many legal experts goes to prove that under modern conditions it is practically impossible to obtain a satisfactory legal education in an attorney's office. In engineering, the development of machinery, and the competition of thoroughly trained foreign experts, compelled the state to organize and support proper institutions for the scientific study and teaching of the higher mechanical arts. In teaching, the juvenile apprentice teacher, though economical from a money point of view, was long ago proved to be unsatisfactory from every other consideration. We have our normal schools, and schools of pedagogy, supported by the state, as a result. The druggists have practically abandoned the apprenticeship system in its earlier form, not because they did not appreciate the value of practical experience, but because the training, as frequently enforced, was a farce. The training of librarians, which began in a modified apprenticeship system, is gradually being turned over to properly qualified schools. Architects, accountants, secretarys, even journalists, are finding themselves limited by the old hit-or-miss mode of training and are founding special schools or seeking college affiliation as a means of securing more thorough and more systematic instruction.

Thus we see that the tendency in professional education, and indeed in commercial education, in the arts such as music and painting and design, as well as in the industries, is away from the unsystematized toward the systematized form of training and in the professional schools from a maximum of practise and a minimum of theory, toward a minimum of practise and a maximum of theory.

This movement is supported by the most advanced members of the different professions and has been steadily advocated by all their leading organizations. We will try to determine why the old system should have failed under modern conditions.

The form of the indenture has changed somewhat since the time of the guilds, but the main features of a legal contract remain in most systems of apprenticeship. As an example of what may be demanded in such an agreement, I should like to quote an abstract from an old form of indenture still in use by one of the largest manufacturing concerns in the country to-day.

"The said masters reserve the right to terminate this agreement if said apprentice shall refuse to obey their proper commands or shall be found physically unable to attend to his work. . . . During all which time the said apprentice doth covenant and promise that he will serve his masters faithfully, keep their secrets and obey their lawful commands; that he will do them no damage himself nor see it done by others without giving them notice thereof; that he will not waste their goods nor lend them unlawfully, but in all things behave himself as a faithful apprentice ought to do. He shall conform to and abide by all rules and regulations now in force and hereinafter adopted by his masters for the government of their apprentices. . . . And the said masters on their part do covenant and promise that they will use the utmost of their endeavors to teach or cause to be taught or instructed, the said apprentice in the art, trade or mystery of . . . and he shall receive as compensation when working ..... per week. . . ."

For purposes of comparison, I will quote some typical phrases from the announcements of Schools of Nursing. I have been unable to obtain exact copies of these contracts, but their general content seems to indicate a fairly close adherence to the older indenture form. Such statements were found in less than one-half of the announcements consulted, and I believe the preliminary requirement is being dropped by many of the schools. There is considerable uniformity in the statements—eg.—"Upon being accepted as a pupil nurse the candidate is required to sign an agreement promising to remain for ..... years, to conform strictly to the discipline of the school and hospital, with the distinct understanding that the Board reserves the right to dismiss her at any time for misconduct or inefficiency, or any other reason that may be deemed sufficient." Another reads—"If accepted, pupils are required to sign an agreement expressing their willingness to obey all rules, to be subordinate to authorities governing the same, . . . and to conduct themselves as members of a noble profession." One or two read—"If for any reason of her own, illness excepted, the pupil breaks this agreement, and leaves the school, she is required to refund to it the money expended for her maintenance."

It will be noted from the foregoing that the employers, both in the commercial and the philanthropic institutions, are very careful to define the duties of the pupil toward *them*, but there is little or nothing to indicate what responsibilities they are prepared to undertake toward the *pupil*. In the hospital contracts there seems to be no mention of the hours of labor and educational advantages promised, living conditions or working conditions, nor indeed any limitations as to what may be demanded of the pupil, besides absolute faithfulness and obedience. Most of the announcements carefully state that the money allowance (where such is given) is not to be regarded as a wage, the education received being considered full equivalent for the pupil's services. As Paley tersely puts it, "Learning is their hire." In the majority of these announce-

ments, no definite schedule of lectures and classes is given, so there is no way of measuring these educational advantages, and even if the lectures are according to schedule, there is no assurance given that the students will all have the opportunity of attending them, or that they will have time and strength to prepare for and profit by them.

Judging from the facts presented, in all these types of training, the apprenticeship system may be indicted on the following charges:

1. It is *unjust* and *undemocratic* in that it places the pupil absolutely at the mercy of the employer, with little or no possibility of redress in case of exploitation or dismissal, and with the promises of educational or other remuneration so vague and illusive that it is impossible to fix any definite responsibility on the employer. The training of the pupil is made secondary to the urgent working needs of the business or the institution.

2. The system is *uneconomic*. The period of apprenticeship is often much longer than is justified by the character of the work done. The apprentice is often set at quite irrelevant tasks, running errands, routine cleaning up or simple household drudgery. He may be put at a single piece of work for months where a week would be sufficient to master the technique. He deliberately loafs away long priods of time that might be profitably employed if only he had proper direction. Worse than this loss of time, he gets into bad habits of work, turns out a poor kind of product, wastes valuable materials and limits the efficiency of the whole plant. Where this period of unintelligent work involves human life and safety, the exact cost cannot be computed, but comparative statistics and the testimony of various authorities place the blame for most of the railway accidents, and the high mortality in connection with mining and other industries, to the inexperience and ignorance of employees trained by the apprenticeship system.

In an article on Railroading by Dr. W. T. Barnard, written in 1886, he reviews some of the results of the old "rule-of-thumb" training in the railroad service, and concludes "That the lives and property of the public should be entrusted to men of such limited intelligence painfully illustrates the recklessness and indifference to public duty that characterize our age and country."

3. The third criticism of the apprenticeship system of training is that it is *uneducational*. The master or employer might indeed promise to teach his trade or profession, but there is no guarantee that he is qualified to teach, or that he does himself teach the pupil. He would satisfy all obligations if he states that he has tried to instruct the apprentice in the whole or a part of the trade. Under the factory system, the employer or his representative is engaged in the administrative side of the work and cannot follow the apprentices closely; the foremen are not paid for teaching and they do it grudgingly and often badly. The whole object of the commercial plant is to secure the greatest possible output at the smallest expense, in the shortest time, and so instead of starting at the simplest and most fundamental processes and proceeding to the more complicated in a systematic and logical way, the boy is pitchforked into the place where he is most needed. If he gets hold of the trick of the tool or the machine, and turns out a fair product, at a good rate of speed, the temptation is almost irresistible for the foreman to keep him there indefinitely. The result is a narrow specialization at the expense of all-round intelligence and training.

(To be Continued)

THE SCHOOL NURSE

The Canadian Public School Nurses' Association was organized in January, 1911, with Lina L. Rogers, R.N., Superintendent of School Nurses, Toronto, as President; Ella J. Jamieson, Vice-President, and Nellie Hatch, 33 Dundonald Street, Toronto, as Secretary-Treasurer. These officers, with A. M. Robertson and Amy Killaly, form the Board of Directors. The object—to promote the best standards of health among school children and to establish friendly relationship and unity among all school nurses—is a worthy one and will enlist the interest of every school nurse. The Association wants to get into close touch with every school nurse in the Dominion of Canada. The Association meets once a month to discuss questions pertaining to the work of school nurses and to learn what is being done in other countries. Papers are read and discussed. Ways and means are devised for raising funds to assist the needy children found in the schools. The Association has undertaken to furnish a dental clinic for the children in Toronto, and, to raise funds for this, held a dance last June. Will every school nurse in Canada write to the Secretary and secure a copy of the constitution and be enrolled as a member of the Canadian Public School Nurses' Association. It needs your help and co-operation and it may help you. The Association has decided to make "The Canadian Nurse" its official organ.

Dr. Doherty, Dental Inspector of the Medical Inspection Department, Toronto, is preparing a splendid exhibit for use in the schools. It is designed to show how teeth are affected by disease and general conditions. It will prove an important educational feature.

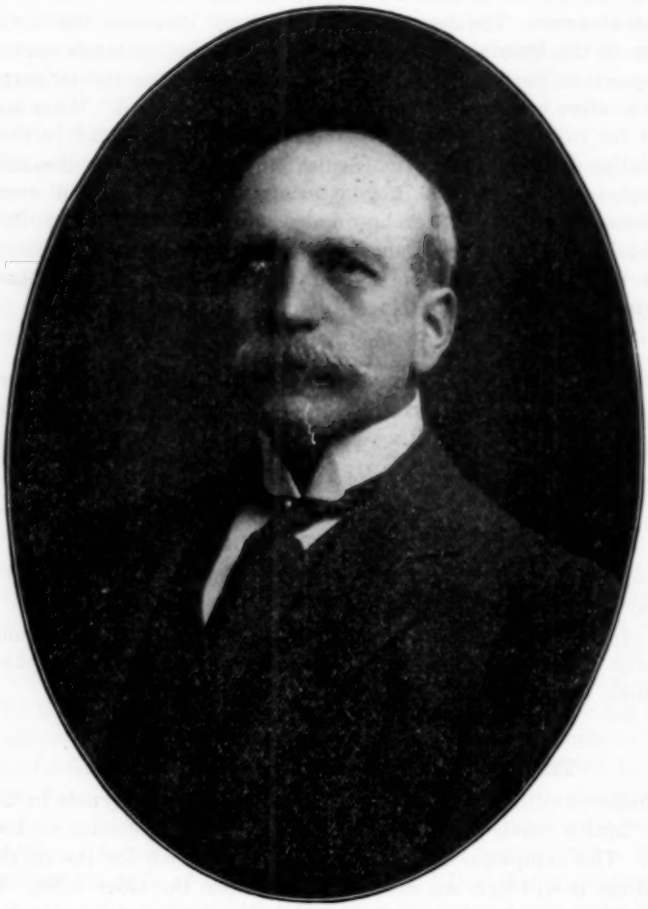
BREATHING AGAINST TUBERCULOSIS.

The superintendent of the Oakland, Cal., schools has introduced into his schools a system of breathing exercises which has produced in some cases an expansion of six and even seven inches, and the general average of lung expansion has been greatly increased. Doubtless this will render these young people less susceptible to the inroads of the dread disease.

TEAM WORK IN HEALTH CAMPAIGN.

Dr. Rucker, health officer of Milwaukee, has struck the keynote in his organization of "health bands" among the children for the cleaning of back yards and alleys. This campaign will be an excellent education for the children, and, if followed up, it will have an educative effect upon the older folks. The more the health officer can stimulate the non-official classes—the plain citizens, old and young—to take an active interest in a campaign for cleanliness, decency and health, the more efficient will be his work.

Dr. Rucker speaks of his bands as "boy scouts who have something to do." A Milwaukee citizen confessed to the doctor that he was never more ashamed in his life than when a member of this band knocked at his door and informed him respectfully that his garbage barrel needed a new cover. The cover was promptly obtained and installed.



JAMES F. W. ROSS, M.D.

DIED NOV. 17, 1911

THE DOCTOR DIED.

Hundreds of Canadian nurses who read these words at home or abroad will think of Dr. J. F. W. Ross, the skilful surgeon, the kind, honorable, upright man, the thorough, conscientious, successful operator.

"As a guest who may not stay
Long and sad farewells to say
Glides with noiseless steps away."

"Of the sweetness and the zest
Of thy happy life possessed,
Thou hast left us at thy best."

And that is something, too. Hard as it is to lose him from Toronto General Hospital, from the University of Toronto, from Canada, from the medical profession, from the Academy of Medicine, from his loving and beloved and singularly happy and charming family circle of whose agonizing grief we may not even speak, we can yet say, not without affectionate pride and thankfulness: "He has left us at his best."

Scene after scene in which Dr. Ross was the chief figure rises in memory. The old days at the Woman's Medical College and the splendid lectures which he gave there first. Thrilling moments in the operating room when he held in his right hand the patient's one chance for life. And when his work was done that life was saved. A journey on his bicycle carrying his instruments, riding along the railway track over the ties, coming to the house where the patient was who could not be moved and must be operated on instantly. And he not only saved that woman's life, but having regard to her little children and her destitute condition, paid $6.00 a day for many days out of his own pocket for two special nurses till she was out of danger.

He was good to the poor. Many a foreign woman who could speak no English would come to the dispensary and repeat over and over "Dr. Ross, Dr. Ross."

Few things endeared him more to us all than the comradeship he always felt and showed. Never came back from a journey far or near without telling us about it. Never passed in silence great public events. "If it's necessary, we'll *all* go," he said quietly as he prepared to operate the day after disaster came in South Africa and Roberts and Kitchener were ordered to the front.

And he is gone. We must all go.

Gallant to the last, he bade those who came to his aid take the chauffeur first, thinking as Sir Philip Sidney, "Thy necessity is greater than mine."

"Don't say anything about it," were his last words to the writer, the night before the accident, as he said good-bye with his own kind smile. And we can't say anything about it. Nothing but poor words. The doctor lived—and the doctor died. God be thanked for his life, for all the good he did, for all the kindness he showed.

Sic itur ad astra. H. M.

A HAPPY NEW YEAR.

The Canadian Nurse wishes its readers, every one, a very happy New Year.

THE CANADIAN NURSE.

Our readers will be interested in the report of "The Canadian Nurse" and its financial position which appears on another page. And every one will at once agree that that is not the best that can be done by Canadian nurses. But do not stop there. Ask yourself the question, "What can I do?" Every nurse can help to increase the subscription list. It should be doubled at the very least. Then, just to show you are in earnest, send us one new subscriber, more if possible. Let every nurse make the improvement of our national magazine a personal matter. Make 1912 the best year in its history. The strong, united effort of the profession can accomplish this. But that means each nurse doing her part, for, you know, the whole is not complete without every part.

Lady Herbert passed to her rest on November 17th at the ripe age of ninety years. She was one of the outstanding figures of the Victorian era and had a most interesting career, but nurses will remember her best for the part she played in assisting her husband to send Florence Nightingale to the Crimea. Lady Herbert had been deeply interested in the hospital for poor ladies founded by Lady Canning and knew Florence Nightingale and her work and recognized her capabilities to meet the crisis and bring order out of chaos. During all the time that "The Lady of the Lamp" labored so assiduously and effectively in the East, Lady Herbert supported her in every possible way.

The International Nurses' Library, 431 Oxford Street, London, England, is gradually being made complete. Complete files of all the nursing journals are being added one by one. Any nurses visiting London should not overlook the library. Mrs. Stubb, the librarian, will be glad to see you.

LIBRARY FOR THE BLIND.

Last spring a brief article on the Canadian Free Library for the Blind appeared in these columns. The C. F. L. B. now occupies quarters at 105 Annette Street, Toronto, Ont.

This library is attempting to reach and benefit all the blind of Canada, but it is encountering serious obstacles in the realization of this hope from the difficulty in securing names and addresses of those without sight, from the necessity of canvassing for funds to defray the expenses of maintenance. The Board of Management therefore requests all readers of this journal who are acquainted with blind persons not now enjoying the benefits of the library, to send in such names and addresses to the Secretary, S. C. Swift, 8 Washington Avenue, Toronto, Ont. It also makes a direct appeal to the generous Canadian public to contribute, at this joyous season, some small portion of the wealth with which it has been blessed during the past year. All contributions should be sent to the Treasurer, E. W. Hermon, Esq., 37 Balmuto Street, Toronto, Ont.

CONTAGION.

The theory of contagion only by contact which has revolutionized the ideas of many with regard to contagious diseases, seems bound to be itself set aside when we read of the wonderful results obtained by Dr. R. Milne, Medical Officer of Dr. Barnardo's Homes and Hospitals for thirty years. *The Nursing Journal of India* for October and November quotes at length from Dr. Milne's book, "Home Treatment and Prevention of Scarlet Fever." He says: "For twenty-five years I have used eucalyptus oil. For the first four days I have it rubbed in *all over* the body from the crown of the head to the soles of the feet twice a day, then once a day until the tenth day of the disease. The aroma fills the room. It greatly modifies the throat and kidney trouble; ear and nose complications I have not known. The tonsils, however, I always swab with one in ten carbolic oil every two hours for the first twenty-four hours. This greatly relieves the pain and enables the patient to swallow. On many occasions I have kept a child in a room with from six to twenty other children without any infection spreading. More recently the patient remained the whole time in a room occupied by twenty-four others, all under ten years of age."

Dr. Milne advocates similar treatment in cases of measles. "The great difficulty is the infectious nature of the malady before any signs are definitely manifest. When, however, the eucalyptus oil is used at the earliest possible moment, I have found that it has entirely stopped the epidemic spreading. When such a case has occurred I have kept the aroma of the oil in the rooms and had a little sprinkled on the beds day by day, as well as on a handkerchief at the chest of the children. This has, I have found, entirely limited the epidemic to at most one or two cases who had been playing with the first child on the attack coming on, while in many instances it has cut the epidemic short."

All will want this book which "reads just like a story" and we hope soon to be able to announce the publisher's name.

Reference was made in the November number of The Canadian Nurse to the Child Welfare Exhibit, to be held in Montreal in October, 1912. Dr. Anna Louise Strong, a charming woman, with a wonderful personality, addressed a large and enthusiastic audience on Wednesday, November 29th, telling of the wonderful effect of the exhibit in Chicago, New York, St. Louis and other cities. Several stories were told by her of the effect the lessons taught by the exhibit had, even on little children six and seven years old. One little mite announced when she grew up, she was going to have six healthy children and live near a playground. When asked how she knew they were going to be healthy, she replied: "Didn't I say I was going to live near a playground." The fresh air idea was planted in her mind.

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

President, Kate Madden, R.N., City Hospital Hamilton; First Vice-President, Mary Ard Mackenzie, R.N., Chief Superintendent Victorian Order of Nurses, Ottawa; Second Vice-President, Jane Craig, Superintendent Western Hospital, Montreal; Treasurer, Louise C. Brent, Hospital for Sick Children, Toronto; Secretary, Alice J. Scott, R.N., 11 Chicora Avenue, Toronto. Auditors—Zeda Young, Mina Rodgers. Councillors—Jane Craig, Mrs. Lyman, M. Y. E. Morton, Mina Rodgers, Mabel F. Hersey, Mary A. Snivley.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL.

President, Miss N. J. Burnett, 423 Main St. East; Vice-President, Mrs. A. W. Newson, 87 Pearl St. North; Recording Secretary, Miss D. E. Street, 200 Hughson St. North; Corresponding Secretary, Miss Etta McLeay, Mountain Sanitorium.

Executive Committee—Mrs. Margaret Reynolds, 87 Victoria Ave. S.; Miss Ida Ainslie, 45 Bay St. S.; Miss Bertha Miller, 87 Victoria Ave. S.; Miss Elizabeth Aitkin, 198 Hughson St. N.; Miss E. J. Deyman, 87 Victoria Ave. S.

Regular meeting, first Tuesday, 8 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss Mannering; Secretary, Miss McElheran, Riverdale Hospital; Treasurer, Miss Fogarty, corner Pape Ave. and Gerrard St.

Sick Visiting Committee, Misses Bishop and Luney; Programme Committee, Misses Stretton, Piggott and Murphy; Executive Committee, Misses Gate, Whitlam, Day and Nicol.

Representatives on Central Registry Committee—Misses Argue and Mannering.

Representative "The Canadian Nurse"—Miss McNeil, 505 Sherbourne St.

Regular meeting, first Thursday, 8 p.m.

THE ALUMNAE ASSOCIATION OF THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Miss Julia Stewart, 12 Selby St.; First Vice-President, Miss M. E. Christie, 19 Classic Ave.; Second Vice-President, Miss Brerton, General Hospital; Recording Secretary, Miss Janet Neilson, 295 Carlton St.; Corresponding Secretary, Mrs. Aubin, care of J. W. Flavelle, Esq., Queen's Park; Treasurer, Mrs. E. M. Feeney, 39 Grove Ave.

Board of Directors—Mrs. Bailey, Miss Field, Miss Florence Ross.

Conveners of Committees—Sick Visiting, Miss Purdy; Registration, Miss Bella Crosby; Social and Lookout, Miss Kilgour; Programme, Miss Tweedie; Central Registry, Miss W. Fergusson, Miss C. A. Mitchell.

"The Canadian Nurse" Representative—Miss Lennox, 107 Bedford Rd.

Regular meeting, first Friday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President, Miss Connor, 418 Sumach St.; First Vice-President, Miss O'Connor, St. Michael's Hospital; Second Vice-President, Mrs. W. J. Hohlstein, 175 Walmer Rd.; Secretary, Miss O'Meara, 9 Pembroke St.; Treasurer, Miss Thompson, 9 Pembroke St.

Board of Directors—Miss Greene, Hospital for Incurables; Miss Reilly, 9 Pembroke St.; Miss Blaney, 379 Ontario St.

Representatives on Central Registry Committee—Miss Kimmett, 418 Sumach St.; Miss Weyer, 418 Sumach St.; Miss Ryan, 491 Broadview Ave.

Representative "The Canadian Nurse"—Miss Stubberfield, The Home Hospital, 64 Gloucester St.

Secretary-Treasurer Sick Benefit Fund—Miss O'Connor, St. Michael's Hospital.

Regular meeting, second Monday, 3 p.m.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Miss Brent; President, Miss Lina Rogers, 908 Bathurst St.; First Vice-President, Miss M. Ewing, 569 Bathurst St.; Second Vice-President, Miss Clarke, 627 Church St.; Recording Secretary, Miss Hill, 115 Roxborough St. E.; Corresponding Secretary, Miss Teeter; Treasurer, Miss Charters, 425 Carlton St.;

Directors—Miss E. Jamieson, Miss Goodall, 425 Carlton St.; Miss G. Gowans.

Convener of General Business Committee, Miss Ewing, 569 Bathurst St.; Convener of Sick Visiting Committee, Miss G. Gowans, 5 Dupont St.; Press Representative, Mrs. H. E. Clutterbuck, 148 Grace St.; Canadian Nurse, Miss Hill, 608 Church St.; Invalid Cooking, Miss Mary Gray, 505 Sherbourne St.; Central Registry, Miss McCuaig, 7 Bernard Ave.; Miss Gray, 505 Sherbourne St.

Regular meeting, second Thursday, 3.30 p.m.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

Hon. P.resident, Miss Rowan, Supt. of Nurses, Grace Hospital; President, Miss De-Vellin, 505 Sherbourne St.; First Vice-President, Miss A. Carnochan; Second Vice-President, Miss P. Wood; Secretary, Miss I. Sloane, 154 Beverley St.; Assistant Secretary, Miss M. E. Henderson, 434 Markham St.; Treasurer, Miss A. M. Comley, 31 St. Mary St.;

Board of Directors—Misses Etta McPherson, Cordingley, Worden, Cunningham and Noble.

Social Committee—Misses Blewett, Stephens and J. H. Russell.

Convenors of Committees: Sick Visiting—Miss Pearen, 434 Markham St. Programme—Miss Hunter, 566 Sherbourne St.. Press and Publication—Miss L. Smith, 9 Pembroke St.

Representatives on Central Registry Committee—Misses Knight and Hawley, 71 Grenville St.

Representative "The Canadian Nurse"—Miss Rowan.

Regular meeting, second Tuesday, 3 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss M. A. McKenzie, 290 Macpherson Ave.; Vice-President, Miss M. Urquhart, 64 Howard St.; Secretary-Treasurer, Miss J. C. Wardell, 171 Delaware Ave.

Board of Directors—Misses Pringle, Waddell, Kinder, Hamilton, Griffith, Wilson, and Mrs. Valentine.

Convener Social Committee—Miss McKenzie.

Representatives the Central Registry—Misses McKenzie and Waddell.

The Canadian Nurse Representative—Miss M. S. Wilson, 434 Markham St.

The Association meets every six weeks.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Miss Bell, Lady Superintendent; President, Mrs. MacConnell, 125 Major St.; 1st Vice-President, Miss M. Wilson, 30 Brunswick Ave.; 2nd Vice-President, Miss M. Brett, 27 Irwin Ave.; Recording Secretary, Miss M. Kelly, 254 North Lisgar St.; Corresponding Secretary, Miss L. Bowling, 77 Winchester St.; Treasurer, Miss Mary Anderson, 48 Wilson Ave.

Visiting Committee—Mrs. Yorke, 400 Manning Ave.; Miss M. Booth, 30 Brunswick Ave. Registry Committee—Miss E. McArthur, 30 Brunswick Ave.; Miss Anderson.

Board of Directors—Miss M. Brett, 27 Irwin Ave.; Mrs. Yorke, 400 Manning Ave.; Miss E. Hamlin, 30 Brunswick Ave.

Programme Committee—Miss M. Misner, 16 Ulster St.; Mrs. Valentine.

The Canadian Nurse—Miss M. Butchart.

Regular meeting first Friday, 3.30 p.m.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 615 a.m Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.
Chaplain—Rev. F. G. Plummer.
Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

COUNSELS TO NURSES.

By EDWARD KING, D.D.

How blessed the Guild of Saint Barnabas has been in its patrons—has been and is—Bishop King of Lincoln, Bishop Winnington-Ingram of London and Bishop Gore of Oxford! The very names are an inspiration, but consider their keen interest in the Guild and the many words of help and encouragement they have spoken to us and how they have spoken of us with a loyalty and admiration that made us at once proud and ashamed.

I hope every nurse who reads this will get Bishop King's "Counsels to Nurses," read it and lend it to other nurses, but keep it for herself, for there is much to "mark, learn and inwardly digest." It is published by A. W. Mowbray & Co., London, England, in attractive binding and good print and the cost is only fifty cents. This book would surely make a welcome Christmas gift for any Guild member, as it contains the beautiful Christmas letters written annually to the nurses of the Guild. The whole book, indeed, is full (as was its writer) of the very spirit of Christmas—that blessed spirit of love and goodwill—by which

"Draw we nearer, day by day,
Each to his brethren—all to God."

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Miss Mina Rodgers, General Hospital, Niagara Falls, Ont.; Second Vice-President, Mrs. W. S. Tilley, Toronto; Recording Secretary, Miss Ina F. Pringle, 164 Cottingham Street, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss L. L. Rogers, 908 Bathurst Street, Toronto.

Board of Directors—Miss L. C. Brent, Hospital for Sick Children, Toronto; Mrs. Paffard, 81 Grenville Street, Toronto; Miss K. Mathieson, Riverdale Hospital, Toronto; Miss A. J. Scott, 11 Chicora Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Jean C. Wardell, 97 Delaware Avenue, Toronto; Mrs. Clutterbuck, 148 Grace Street, Toronto; Miss Ewing, 569 Bathurst Street, Toronto; Miss E. R. Greene, 130 Dunn Avenue, Toronto; Miss Butchart, 563 West Bloor Street, Toronto; Miss Jamieson, 23 Woodlawn Avenue East, Toronto; Miss DeVellin, 505 Sherbourne Street, Toronto; Miss Barnard, 608 Church Street, Toronto; Miss Kimmett, 853 Bathurst Street, Toronto.

Convenors of Standing Committees—Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss A. J. Scott; Press and Publication, Miss L. L. Rogers; representative to The Canadian Nurse Editorial Board, Miss Jamieson.

The G. N. A. O. Executive held its regular meeting at the Graduate Nurses' Club Room, 22 College Street, Toronto, on December 6th at 3 p.m. Nine members were present.

Miss E. R. Greene sent her resignation as Secretary, owing to heavy demands made upon her in her present position. The Committee regretted having to accept her resignation.

Miss Ina F. Pringle, 164 Cottingham Street, Toronto, was appointed Recording Secretary for the remainder of the Association year.

Applications were read from Misses Kingstone and Boulton, Toronto, whose names were added to the roll.

The Calendar Committee reported only 500 calendars sold. As the proceeds are for Registration work, the Committee hopes all the members will assist as far as possible.

The programme for the Annual Meeting, 1912, to be held at Hamilton, was discussed. Any suggestions for papers or subjects for discussion will be gladly received by the Secretary.

The Secretary wishes the correct addresses of Miss E. M. Dodds (Appleton, Ont.); Miss L. Gilmour (G. & M. Hospital, St. Catharines), and Miss M. E. Saulers. Will some one kindly supply these?

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

Established 1895. **Incorporated 1901.**

President—Miss Phillips.

Vice-Presidents—Miss M. Welsh and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Secretary—Miss Colley, 133 Hutchison Street.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, 75 Mansfield Street, first Tuesday, 8 p.m.

The second meeting and lecture of the year was held on Tuesday, December 5th, at 8 o'clock. An unusually large number of members were present as a special notice had been sent to all members that at the November meeting a resolution was moved that the general fee be $3.00 a day and for infectious cases $4.00 per day and that a vote would be taken at this meeting. During the evening votes were cast and the motion passed by a large majority. The change in the fees will go into effect January 1st, 1912.

Dr. H. P. Hill opened his lecture by speaking very highly of the trained nurse and what a help she was to a physician. He also hoped we would be successful in getting Registration, as he knew all doctors were in sympathy with the movement. He then gave a most interesting lecture on "Intussusception: Its Symptoms, Treatment at the Time of Attack and After Treatment." At the first symptoms, irrigations, if used at once, may suffice, but if this treatment does not reduce the tumor, then operation is the only alternative. It was interesting to note that a large per cent. of the cases were in breast-fed infants and more in the male sex. At the close of the lecture a vote of thanks was tendered Dr. Hill and the usual social half hour spent when coffee and cake were served.

The Canadian Nurses' Association extends deepest sympathy to Miss Sutherland, 179 Park Avenue, who lost her mother after a short illness of only three days.

Miss Smarden has been laid up with an infected finger but is on duty again.

Mrs. Sherman, Montreal, has returned from Cornwall, having nursed her sister through a serious attack of typhoid fever.

My Scallop Shell of Quiet

FOR THE NEW YEAR.

These are the gifts I ask
Of thee, Spirit serene:
Strength for the daily task,
Courage to face the road,
Good cheer to help me bear the traveller's load,
And, for the hours of rest that come between,
An inward joy in all things heard and seen.

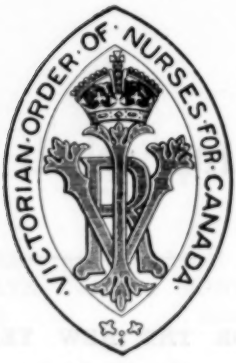
These are the things I prize
And hold of dearest worth:
Light of the sapphire skies,
Peace of the silent hills,
Shelter of woods and comfort of the grass,
Music of birds, murmur of little rills,
Shadow of clouds that swiftly pass,
And after showers the smell of flowers
And of the good brown earth,
And, best of all, along the way, friendship and mirth.

—*Henry Van Dyke.*

RESOLVE.

To keep my health
To do my work
To live
To see to it I grow and gain and give
Never to look behind me for an hour
To wait in weakness, and to walk in power;
But always fronting onward to the light,
Always and always facing toward the right.
Robbed, starved, defeated, fallen wide astray—
On, with what strength I have
Back to the way.

—*Charlotte Perkins Stetson,* in the A. M. & G. Booklet.



"I find that whenever Canadian women come to understand a philanthropic work that should be done, they will come forward and do it, and I feel perfectly confident in leaving the work in the hand of Canadian women." This was the graceful tribute paid to Canadian women by Miss Mary Ard Mackenzie, General Superintendent of the Victorian Order of Nurses, in her address before the Women's Canadian Club at Glencoe Lodge. Miss Mackenzie addressed the club on "The Victorian Order," a subject that is dear to every woman who understands it, and a large audience greeted her, for is not Vancouver one of the oldest branches in that glorious Order? Mrs. MacKay Fripp, President of the club, introduced Miss Mackenzie.

"I think," said Miss Mackenzie, "that when anyone knows the Victorian Order of Nurses they love it. Perhaps the reason for this is founded on such very broad and philanthropic lines, that it must necessarily appeal to all right-minded people. When I made my first trip across the continent, I went back to Ottawa thrilled with the work that was being accomplished by our nurses and committees. The work has all the qualities of a charming personality, strength, sweetness and beauty, and when one once knows it, one can never quite get away from it."

Truly, Miss Mackenzie's comparison is an adequate one, for one of the foremost assets of the Order is strength. Strength to go out and help those who are not able to help themselves, sweetness and beauty in the service, and the manner in which it is given, and all three combined in the Order, and its wide scope. It is a comparatively new order, but because it has met the needs of a new and growing country it has grown rapidly. Up until 1897 there were two classes to care for in Canada, the wretchedly poor and the small wage-earner. When sickness came, the first class was absolutely helpless, and in the latter class, many times very little or no help could be had. Then throughout the great Northwest, in sparsely settled districts, the people were very badly off for medical care. Here was a need to be met. In the year of our late beloved Queen's Jubilee, a happy thought came to Lady Aberdeen, that resulted in the Victorian Order of Nurses. Even in the name is incorporated the synonym of strength, sweetness and beauty, Victoria. The primary object of supplying a district nurse has long been outgrown. In 1900 Lady Minto established the Cottage

Hospital Fund, through which hospitals are placed in many small places. In 1909 the work assumed a threefold object. It was realized that there was still an imperative need in the Northwest. The hospitals were doing a great deal, especially among men in mining and logging camps, but through those districts, with houses miles apart, many women with large families were ill, and unable to leave their homes to reach the hospitals. If the sufferers could not go to Mercy, then Mercy would go to the sufferer. Accordingly there was organized local associations, covering large country areas, perhaps twenty miles square. In these a nurse is located centrally, and comes to be not only a nurse, but a councillor and adviser. This has proven to be the most expensive of any branch of the work, since the nurse must be provided with a horse, and in such districts there are so few, relatively speaking, to bear the expense.

At present there are forty-six branches under the Order. That the work has grown is shown by the fact that last year 3,600 more patients were treated than in the preceding year, while there were 3,000 more visits paid to district patients than previously. There are seven branches of the Order in British Columbia. Miss Mackenzie spoke very highly of our local branch. "Vancouver is one of our good branches," she said. "It is, too, one of our old branches. Your growth has been great, especially during the last year. You have increased your nurses, and have now this splendid new home. You will need more nurses; indeed, I hope great things for this branch. And the beauty of it will be, for you to see it growing swiftly, year by year. I hope that some day we may make Vancouver a training centre for the West."

Other British Columbia branches are at Kaslo, Revelstoke, with a fifty-bed hospital; Arrowhead, a five-bed hospital; Chase, with eight. Victoria branch has been opened about a year and is growing rapidly. A new one has also been opened at Quesnel. The value of a branch in that district is especially apparent. for Miss Mackenzie reports that with the exception of one very inadequate hospital, they are without care.

There are seven branches in the Maritime Provinces and five in Quebec. In Montreal alone they have a permanent staff of forty-six nurses. In speaking of the Montreal branch, she said: "When the women of Montreal undertake anything, they do it well, moreover, they do not wait for new movements to come to them, instead they go out to meet the need." Ontario has fifteen branches, Manitoba four, Saskatchewan three and Alberta four. Training centres are established at Montreal, Ottawa and Toronto.

In closing she said: "In all countries, among women, there is a force that seems to be growing and making for the broadening of philanthropy. Olive Schreiner speaks of the strange new cry, 'Labor and Training that fits Woman for Labor,' and when that cry is answered the work among women will be threefold as magnificent as it has ever been before."

A post-graduate course in district nursing—four months—is given at one of the training centres of the order—Ottawa, Montreal, Toronto, Winnipeg. For full information, apply to the Chief Superintendent, 578 Somerset Street, Ottawa; to the District Superintendent, 29 Bishop Street, Montreal; to the District Superintendent, 206 Spadina Avenue, Toronto, or to the District Superintendent, 145 Sherbrooke Street, Winnipeg, Man.

HOSPITALS AND NURSES.

Miss A. Walsh, graduate Kingston General Hospital, has been appointed Assistant Superintendent of Sherbrooke Hospital, Sherbrooke, Que.

Miss Wickwire, class '10, R. V. H., Montreal, has gone to take the position of Night Superintendent in the General Hospital, Calgary, Alta.

Sister Dunstan, late Night Supervisor of the Ottawa General Hospital, has been transferred to the Champlain Valley Hospital, Plattsburg.

Miss Margaret Spooner, graduate of the Ottawa General Hospital, class '11, has entered the novitiate of the Sisters of Charity, Ottawa.

Miss Waddy, who has been in Fernie, B. C., for the past three months doing private work, has returned to Calgary, Alta.

Miss Morris, graduate of one of Cleveland's best hospitals, has been appointed to the staff of the Fernie General Hospital.

Miss Parker, graduate of Jersey City Hospital, N. J., is in the Winnipeg Isolation Hospital suffering from diphtheria. We wish her a speedy recovery.

Miss Sare, graduate of Montreal General Hospital, class '09, has been appointed Lady Superintendent of Jeffrey Hale Hospital, Quebec.

Miss Webster, Night Superintendent of the Montreal General Hospital, who has been away for a six months' rest, has returned to her duties.

Miss Sylvia Edwards, graduate of the Memorial Hospital, Worcester, Mass., and post-graduate Victorian Order, Ottawa, has been in charge of the London Branch of the Victorian Order of Nurses since April, 1910, and is still in charge. Her assistant at present is Miss M. Spencer.

A letter from Miss Snively is very welcome. Her many friends will be glad to know she is enjoying England and finding the rest and quiet very beneficial. Her address for the winter will be Elmhurst, Swanage, Dorset, England.

The "At Home" given by the Manitoba Graduate Nurses' Association and the General Hospital Alumnae Association under the auspices of the Local Council of Women at the Y. W. C. A. on Tuesday, November 14th, proved a decided success. Mrs. Bond, President of the Local Council of Women, presided, and Miss Ard Mackenzie, Superintendent of the Victorian Order of Nurses, gave a comprehensive address on the needs and plans for Registration of Nurses. "Registration," Miss Mackenzie said, "is a legislative measure which sets definite standards and rules to which a nurse must conform in order to be a registered nurse." The first object in seeking for such legislation is to create some mark to distinguish trained nurses from the untrained. The lack of any uniform course for nurses is another reason why such a law should be passed. There should be a certain, definite training in each department, such as medicine, surgery, obstetrics, dietetics, etc. The nurses realize that they have many difficulties to overcome before this statute is placed upon the books. "The hospitals which are not giving a proper course," continued Miss Mackenzie, "are sure to oppose the Bill, and nurses themselves who are in good standing with the doctors, and get steady work, are apt to be indifferent." Being an educational Bill, it should come under the authority of the Department of Education,

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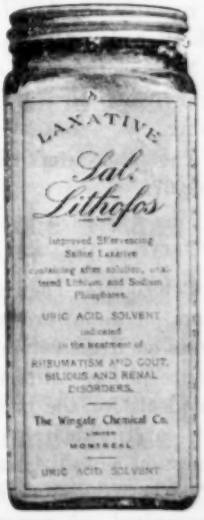

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and must for this reason be a provisional Bill. The length of the course must be at least three years in a hospital with a reasonable number of occupied beds. The curriculum should be well balanced and should include all the different departments. The personnel of council to present the Bill is important, and in it the balance of control should be in the hands of the nurses. It should be the duty of this council to arrange for nurses transferring from one Province to another and to decide on the necessary character qualifications. Miss Mackenzie traced the struggle which the nurses in the United States have had for Registration. Bills have been passed in twenty-eight States. In Great Britain the struggle has been long and Registration not yet secured. In Canada now a Registration Committee is at work. This committee consists of three members from the Society of Superintendents of Training Schools for Nurses, Miss Mackenzie being convenor. One representative is asked for from the National Trained Nurses' Association and two from each Provincial Graduate Nurses' Association.

The Toronto Central Registry Committee met at 569 Bathurst Street on November 6th. There were nine members present. In the absence of the convenor, Miss Gray presided.

Twenty nurses joined the Registry in October. Five nurses have taken hospital positions in Vancouver, B. C.—Misses Fraser and Strofton, graduates of St. Michael's Hospital, Toronto; Miss Weldon, graduate of Toronto General Hospital; Miss Peel, graduate of Orillia General Hospital, and Miss Davy-Brown, graduate of Hospital for Sick Children, Toronto.

Miss A. Mary Roberts, graduate Toronto General Hospital, has been accepted on the School Nursing Staff.

Miss Loggie has accepted the position of Night Supervisor at the Hospital for Incurables, Toronto.

Miss Barbara Goodall, graduate of Hospital for Sick Children, Toronto, was recently appointed to the Staff of District Nurses for tuberculosis patients by the Board of Health.

Miss Florence Findlay, graduate of Brooklyn Hospital, N. Y., has gone to Calgary, and Miss Leitch, an English graduate, to Winnipeg, to do private nursing.

The Treasurer's Report showed 190 calls for October and a balance of $1,508.67.

Miss Ferguson was appointed convenor for next year and Miss Mary Gray, Secretary.

Peterboro.—The Graduate Nurses of Peterboro assembled in the Y. W. C. A. parlors on the afternoon of November 10th to meet Miss Crosby, who gave an address on Registration for Nurses. A free discussion followed. It was a great pleasure to have Miss Crosby with us again, and all felt the inspiration of her high ideals for the profession. We appreciate the work done and realize that much careful thought and study has been given the subject of Registration. A question as to the best method of organizing all the Graduate Nurses residing in Peterboro led to a suggestion by Miss Crosby that a chapter of the G. N. A. O. be organized. A committee was appointed to consider this step and report at

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The report on the nutritive value of Bovril read before the Annual Meeting of the British Medical Association is attracting wide attention in the medical profession.

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A further article has just appeared in the "Medical Times" and that Journal points out that the experiments were originally conducted "with the object of ascertaining whether a certain beef extract (Bovril) supplied to the Government had any nutritive value or not. The results were simply startling."

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next meeting. Miss Crosby was the guest of Miss Dixon, President of the Nichols' Hospital Alumnae Association, while in Peterboro.

The Nurses' Home in connection with the Sherbrooke Protestant Hospital, Sherbrooke, Que., has been refurnished and redecorated throughout. Excellent taste has been shown and every comfort thought of. The Home now ranks among the best. All the private rooms in the hospital have been prettily tinted and, to a considerable extent, refurnished. In the early spring a large and very fine addition will be started. Forty-five thousand dollars have been contributed toward the building fund and the entire amount required is expected before the wing is completed. The Women's Hospital Aid gave a reception for Mrs. Staebler, who was recently appointed Superintendent of this hospital.

The meeting of the Graduate Nurses' Association of Prince Albert, Sask., was held in the Nurses' Home of the Victoria Hospital on November 14th. Mrs. D. W. Adam presided. Five new members were received. The constitution of the Regina Branch was adopted with one or two minor changes necessary to suit a small association. A letter from the Secretary of the Regina Branch asking the Association for ideas on the proposed Bill for Registration was read. After discussion, as there was no other business, the meeting was adjourned.

The graduating exercises of the class of 1911 of the Training School of the General Public Hospital, St. John, N. B., were held on Monday, October 23rd, at 8 p.m. The programme consisted of addresses and musical selections. The opening address was delivered by the Rev. Father Meehan, and Miss Elizabeth Robinson Scovil spoke to the graduating class. Dr. Walker, Chairman of the Training School Board, gave the report of the School and also presented the diplomas. The nine graduates were: Rosa Lillian Bosnia, Belle Bradbury Howe, Mary Harrington Easson, Helen May Carrier, Agnes Anna Flewelling, Emma Ella Barry, Bessie Katherine Snell, Joyce Thompson Wishart and Mary Florence Armstrong.

Miss Mary Lee Hamm, who has had charge of "Harbor View" Hospital, Sydney Mines, C. B., since its opening, resigned her position in June and was married September 5th to Rev. W. H. Gillies, pastor of St. Paul's Presbyterian Church, Glace Bay, C. B. Mrs. Gillies' many friends will warmly welcome her return to the town, where she is remembered as the very efficient and estimable Head Nurse at St. Joseph's Hospital.

Miss J. Calder, of the V. G., Halifax, has been given charge of Harbor View Hospital.

Miss J. E. Cameron, graduate of Massachusetts General Hospital, formerly Superintendent of St. Joseph's Hospital, Glace Bay, has recently been re-appointed and assumed her duties October 1st.

The "Anti-Tuberculosis" Society of Prince Edward Island has engaged Miss Emmeline Stuart, a graduate nurse, to visit country districts and give instructive talks in the different school-houses on "The Prevention of Disease."

Miss Ross, graduate of Royal Victoria Hospital, Montreal, Superintendent of the Prince Edward Island Hospital, enjoyed a two months' vacation when she visited Calgary and other Western cities.

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The following graduates of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., recently accepted institutional positions: Miss Ella Stridde, in charge of mechanical department at Waterbury Hospital, Waterbury, Conn.; Miss Ella Hankinson, as Head Nurse and in charge of mechanical department at Portland Convalescent Home, Portland, Ore.; Miss Hallie C. Cord, as instructor in massage to the nurses in training at the Pacific Hospital, Los Angeles, Cal.

Upon the request of the Director of Public Health and Charities of the city of Philadelphia Mr. Max J. Walter, Superintendent of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., repeats this winter for the third time the course in the theory of massage and gymnastics to the nurses in training at the Philadelphia General Hospital.

The Alumnae Association of Kingston General Hospital held a special meeting on November 3rd to hear Miss Crosby, President of the Graduate Nurses' Association of Ontario, who gave a very helpful and understanding address on legislation and "The Canadian Nurse." We thank Miss Crosby for not passing us by on her journey to a larger place. We cannot all attend the annual meetings of the Association and such visits are a great help in keeping the object of legislation before us. On November 7th the regular monthly meeting of the Alumnae Association was held with a fair attendance. Plans were laid for raising money for the Nurses' Residence, also a discussion on plans for celebrating the twenty-fifth anniversary of the Training School.

The regular monthly meeting of the Ottawa Graduate Nurses' Association was held at the Club, Somerset Street, Monday, November 13th, with a very good attendance. After the routine business was attended to, Dr. Prevost entertained the nurses with selections on the gramophone, his brilliant remarks and thorough knowledge of music adding much to the enjoyment of the afternoon. After the serving of refreshments the meeting adjourned.

A special meeting of the above Association was called for Wednesday, November 8th, to meet Miss Crosby, editor of The Canadian Nurse, Toronto. Quite a number were present. Miss Crosby gave a very interesting and instructive talk on Registration, which was followed by a discussion. Refreshments were served and all enjoyed a social hour.

On Saturday afternoon, November 25th, an unusually large number of the members of the Alumnae Association of Kingston General Hospital assembled in the reception room of the Nurses' Home to wish Mrs. Tilley, one of the Association's earliest members, farewell as she is leaving the city.

The President, Mrs. Crothers, gave an address, in which she expressed the Association's deep regret at losing one of its members who had served in all its offices so long and faithfully, and Mrs. Nicol, Vice-President, presented Mrs. Tilley with a handsome leather shopping bag as a token of the regard of the members.

Refreshments were served by the nurses and a social hour was spent.

Mrs. Tilley will be much missed by the members of the Alumnae Association and by her friends in Kingston. The good wishes of the nurses go with her to her new home in Toronto.

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WM. ERWIN, M.D., (Hahnemann and Rush Med. Coll.)

LOUIS H. A. VON COTZHAUSEN, Ph.G., M.D. (Grad. Phila. College of Pharmacy, Med. Dept. Univ. of Penna., Penna. Orthopædic Institute.)

MAX. J. WALTER (Univ. of Penna., Royal Univ. Breslau, Germany, and Lecturer to St. Joseph's, St. Mary's, Mount Sinai and W. Phila. Hospital for Women, Cooper Hospital, etc.) Philadelphia General Hospital (Blockley).

HELENE BONSDORFF (Gymnastic Institute, Stockholm, Sweden.)

LILLIE H. MARSHALL } (Pennsylvania Orthopædic
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On Thursday afternoon, November 16th, Mrs. Clutterbuck, 128 Grace Street, Toronto, entertained the Heather Club of the Hospital for Sick Children, in honor of Miss Marjory Wilson, whose marriage takes place in the near future. A large number of the nurses were present and spent a most enjoyable afternoon. The nurses presented Miss Wilson with a beautiful silver tray.

Miss L. L. Rogers also entertained Miss Wilson and a number of the nurses on the afternoon of Wednesday, November 22nd. Miss Wilson has been an indefatigable worker in the Heather Club and the nurses delight to honor her.

At the meeting of the Alumnae Association of the Royal Victoria Hospital, Montreal, held on the evening of November 15th, the members had the great pleasure of listening to a most interesting paper on Mary Stuart, by Dr. Chipman. There was a large attendance and much appreciation was expressed. A hearty vote of thanks was tendered the lecturer for his kindness in giving the members such a pleasant and profitable evening.

Miss McDiarmid, class '08, R. V. H., Montreal, who has been doing private nursing in New York, was operated on there for appendicitis some weeks ago. We are glad to be able to report that she is so far recovered as to be able to leave the hospital. She returns to her home in Canada, as the doctors advise a complete rest for a time. We trust that she may soon be able to resume the work in which she has been so very successful.

On Friday, September 1st, 1911, the regular monthly meetings of the D'Youville Alumnae Association of the Ottawa General Hospital were resumed after the summer holidays, and all of the members present expressed great sorrow upon learning of the transfer of their honorary President, Sister Mary Alice, from their Alma Mater to the Champlain Valley Hospital, Plattsburg. This feeling of regret existed not only among the nurses in training, but was expressed by the doctors, sisters, graduate nurses and outside friends.

Since the opening of the training school in connection with the hospital, thirteen years ago, Sister Mary Alice has labored zealously in the capacity of Superintendent for eleven years. During this time, seventy-five graduates, including eighteen sisters of charity, have received the diploma of the Training School.

Sister Mary Alice is a graduate of one of the leading American hospitals, and entered the novitiate of the Sisters of Charity, Ottawa, almost immediately after completing her course in training. Possessing a dignified demeanor, and a just and most kind temperament, her natural qualities made her an excellent teacher and friend whom all of the ex and present pupils respect and love. By her unfailing devotion, the Training School and institution in general has made rapid progress, at the present time ranking amongst the finest hospitals and training schools on the continent. Two new wings have been added during the past thirteen years. In 1899 a beautiful eastern addition was erected and in 1908 the new home for the nurses in training was built. In 1910 the whole upper floor of the eastern wing was remodeled into a modern and most well equipped operating room suite, Sister Mary Alice herself purchasing all the paraphernalia in connection therewith. During Sister Mary Alice's regime the Training School has had every advantage of the best teaching and example in

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theoretical and practical nursing and has grown from a small staff of eleven nurses to the present efficient number of fifty-five, all of which bears testimony to the perseverance of a capable Superintendent. But the constant strain produced its telling effects in the health of Sister Mary Alice. To the Mother General of the Order this was a sufficient cause to transfer one of her faithful daughters to a smaller field of labor; hence the mandate which caused universal sorrow throughout the institution, and all of those interested in hospital work who had the pleasure of meeting her. Mother Duhamel sympathized with the nurses and hospital workers and promised that Sister Mary Alice would return when she had thoroughly recuperated. Much as the nurses all miss her, they are reconciled to the absence of their beloved teacher trusting that her health may improve, and all look forward to her speedy return.

At this meeting a resolution of welcome was extended Sister Josaphet, who has been appointed to succeed Sister Mary Alice. Sister Josaphet herself is a graduate of the Ottawa General Hospital, class '03, and for four years previous to her first transfer was Head Nurse on the Woman's floor in her Alma Mater, and is gratefully remembered as a kind teacher by a number of the members of the Association. Previous to her appointment as Superintendent of Nurses here, she held the position of operating room nurse in the General Hospital, Sault Ste. Marie.

Miss E. C. Templeton, Calgary, Alta, leaves the end of the year for a year's visit to Scotland and Cairo, Egypt.

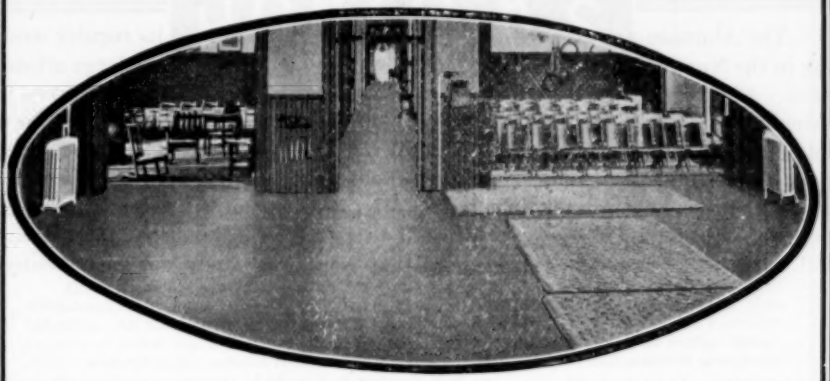
The new General and Marine Hospital, St. Catharines, Ont., was opened on November 23rd by Lieutenant-Governor Gibson in the presence of a large and representative gathering of the citizens. The new hospital is thoroughly up-to-date. President McLaren, who presided, paid a tribute to the ladies who had done so much in raising funds for the hospital. The old hospital will be improved and will be known as the annex. Other speakers were Dr. Bruce Smith, Inspector of Hospitals for Ontario, Mayor McBride of St. Catharines, Ven. Archdeacon Perry and Dr. Mulock. Light refreshments were served and an opportunity given for all to view the hospital.

Victoria, B. C.—The regular meeting of the Victoria Nurses' Club was held on Monday afternoon, December 4th, at the Club Room. There was a fair attendance. One new member was enrolled. Plans were arranged for forming a Provincial Association of Graduate Nurses.

The President, Miss Clarke, read from "The Canadian Nurse" the appeal on behalf of Mrs. Fanny Wilde McEvoy and the Club voted her $25.

Three dollars was voted for twelve "Sairy Gamp" calendars, as the members wished to buy them. The usual social cup of tea was enjoyed at the close.

Ottawa.—The regular monthly meeting of the O. G. N. A. was held at the Nurses' Home of the Ottawa General Hospital, Water Street, Monday, December 11th, at 3.30 p.m., with an attendance of about thirty members. After the routine business had been attended to, the Rev. Father Sherry gave a short but most interesting talk to the nurses, touching on the possibilities of the profession and appealing to the ethical side. Miss Cravelle, nurse-in-training, contributed several vocal selections and Miss Mae Harris two instrumental solos, all of which



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were much appreciated. Refreshments were served and a most enjoyable hour spent.

The Alumnae Association of Toronto General Hospital held its regular meeting in the Nurses' Residence on Friday, December 1st. There was a large attendance. After the disposal of routine business, the members had the pleasure of listening to a most interesting address by Miss MacDonald, Assistant Superintendent of Nurses of Toronto General Hospital, on her work in Labrador. A most interesting description, charmingly told, made the work of that isolated district very vivid. All felt that indeed Miss MacDonald counted it a privilege to have borne a part in the great work of that wonderful missionary, Dr. Grenfell. Her plea for others to engage in that work will surely not go unheeded.

MARRIAGES.

WALTERS—DARROCH—On November 7th, 1911, at the Olivet Baptist Church, Montreal, Margaret Isabella Darroch, of Paisley, Ont., to Mr. Archibald Walters, of Forest Hill, N. J. Miss Darroch is a graduate of the Montreal General Hospital, class '11.

HAND—BONNYCASTLE—In Campbellford, on November 28th, by the Rev. Mr. Reid, of Toronto, Miss Phyllis Bonnycastle, class '09, R. V. H., Montreal, to Mr. Leslie E. Hand, manager of the Standard Bank, Richmond Hill, Ont.

BRUNET—DANIS—On August 30th, at St. Joseph's Church, Ottawa, by the Rev. F. X. Brunet, cousin of the groom, Corine, youngest daughter of the late Moses Danis, Ottawa, to Dr. Ernest Brunet, Ottawa. Miss Danis is a graduate of the Ottawa General Hospital, class '10.

NEIFING—MACMILLAN—At New York, September 14th, 1911, Miss Mary MacMillan, of Buckingham, graduate Ottawa General Hospital, class '05, to Mr. J. P. Neifing, of New York.

LANG—RYAN—On Tuesday, November 14th, 1911, at St. Ann's Roman Catholic Church, Toronto, Miss Katherine Winnifred Ryan, graduate of St. Michael's Hospital, class '06, to Mr. August R. Lang. Mr. and Mrs. Lang will reside in Berlin, Ont.

Mr. and Mrs. Alexander Dawson announce the marriage of their daughter Sadie to Dr. J. Warren Knepp on November 15th, 1911. Miss Dawson is a graduate of Riverdale Hospital, Toronto, class '06. Dr. and Mrs. Knepp will reside in Roanoke, Virginia.

BIRTHS.

DUNN—At 108 Queenston Street, St. Catharines, Ont., on November 11th, to Mr. and Mrs. Robert L. Dunn, a son (Robert Wallace). Mrs. Dunn is a graduate of G. & M. Hospital, St. Catharines.

McCABE—At the Ottawa Maternity Hospital, September 2nd, to Mr. and Mrs. J. A. McCabe, of Notre Dame de Lans, a son. Mrs. McCabe is a graduate of the Ottawa General Hospital, class '09.

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Gives a new conception of what can be accomplished with a milk diet in the treatment of Pneumonia, Bronchitis, Neurasthenia, Tuberculosis, as well as children suffering from Malnutrition. All the food value of pure milk enriched and modified with the soluble nutritive extracts of choice malted cereals. The ratio of protein to carbohydrate and its perfect digestibility commend it as a reliable reconstructive. Has a delicious flavor, that makes it acceptable to those who rebel against plain milk as a steady diet.

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THE NURSES' LIBRARY.

Sanatoria for the People or the State Campaign Against Consumption, by Charles H. Garland, Chairman the National Sanatorium, Benenden, Kent, England, and Thomas D. Lister, M.D., Hon. Consulting Physician to the Benenden Sanatorium. The Scientific Press, Ltd., 28 and 29 Southampton Street, Strand, London, W. C., England.

This book shows clearly and forcibly the part sanatoria must play in the war against tuberculosis if success is to result. The authors speak with authority because of their unique practical experience in the very work which the National Insurance Bill proposes to undertake on a larger scale.

The book is full of information and should be read by all interested in anti-tuberculosis work.

Una, the journal of the Royal Victorian Trained Nurses' Association, Melbourne, Australia, for August is a most interesting number. The complete report of the annual meeting of the Association is splendid reading. The Association has a system of voluntary registration of nurses, followed for ten years, which ensures the favorable reception by the Legislature of the Bill for State Registration. If this plan were more often followed, the struggle for state registration would be much less difficult and prolonged.

Hospital Management, a handbook for hospital trustees, superintendents, training school principals, physicians, and all who are actively engaged in promoting hospital work. By Charlotte A. Aikens, author of "Hospital Training-School Methods and the Head Nurse," "Primary Studies for Nurses," "Clinical Studies for Nurses." 12mo of 488 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, $3 net. Canadian agents, the J. F. Hartz Co., Ltd., Toronto.

Miss Aikens is the author. We need no further guarantee of the practical value of this book. Her long experience as a hospital director and her grasp of the difficulties of successful hospital management make her advice invaluable. All interested in this subject will welcome this volume, which contains a number of original and very instructive illustrations.

Chiropody, Training and Practice, by H. C. Sexton, an English trained nurse, graduate of Dr. Duncan's School of Surgical Chiropody, San Francisco, 1906; Dr. Kahler's Sons' College Surgical Chiropody, New York, 1909. The Scientific Press, Ltd., 28 and 29 Southampton Street, Strand, London, W. C., England.

This little manual gives the experience of the writer as a chiropodist. Nurses should excel in this work because of their knowledge of anatomy and the laws of asepsis. Anyone interested in chiropody will find much valuable information and counsel in this manual.

A Pocket Medical Dictionary. 34,000 medical words pronounced and defined. By George M. Gould, A.M., M.D. Sixth revised edition. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia. Price $1 net.

Every nurse needs a good up-to-date dictionary, not the one you got four or five years ago. This one is convenient, reliable and up-to-date.

Let the Suggestion Come from you, Doctor

Sooner or later the no-progress patient is going to consider going away. Friends or relatives may suggest it, or the patient may have a deep desire to get away from the old scenes to some new place where everything is different, and the entire atmosphere conducive to health recuperation.

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If you are not acquainted with the Battle Creek Sanitarium System of health reconstruction, Doctor, come here yourself and learn about it. You are welcome at any time. No charges at all are made for physicians and their families for ordinary treatments, examinations and baths. Or, if you prefer to conduct your investigations at home, send for the "Battle Creek Sanitarium System," a 215 page book, which describes the Battle Creek Sanitarium and its system in detail.

It will also give you an idea of the immensity of this great health-building organization, and enable you to appreciate how one institution can take care of 1200 patients, supplying them with the attention, conveniences and interests so essential to a speedy restoration to health.

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Dr. Luther Halsey Gulick, director of the Russell Sage Foundation, and formerly director of physical training in the New York Public Schools, has written a noteworthy series of articles on athletics in their relation to health, for Lippincott's Magazine. The first of these, "The Requirements of Healthful Exercise," appeared in the June number. That in July is entitled "Games and Gangs." It deals with the ever-present Boy Problem, and will prove a revelation to worried parents and harassed teachers. Dr. Gulick's long and varied career in the fields of hygiene and education renders him well equipped for writing on such topics, and the papers may be regarded as authoritative.

"How to Keep Well" is the name of a new department in *The Chicago Tribune*, and Dr. W. A. Evans is the editor. Dr. Evans, Professor of Hygiene in Northwestern University and formerly Health Commissioner of Chicago, is America's greatest authority on preventive medicine. He is one of the two men holding the degree of Doctor of Public Health. This broader field will enable Dr. Evans to further more effectually the education of the public to the possibilities of prevention, and *The Tribune* is to be commended for providing the opportunity.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE

War Office, London, S.W., November 16th, 1911.

The following ladies have received appointments as Staff Nurses: Miss M. Hale, Miss E. H. Cole.

Transfers to Stations Abroad

SISTERS.

Miss C. K. E. Steel, to South Africa, from Netley.

STAFF NURSES.

Miss A. B. Nunn, to South Africa, from Cosham.
Miss E. H. Davies, to South Africa, from London.

PROMOTIONS.

The under-mentioned Sister to be Matron: Miss R. Osborne.

E. H. BECHER,
Matron-in-Chief, Q.A.I.M.N.S.

MILITIA ORDERS

Headquarters, Ottawa, October 10th, 1911.

To be Nursing Sister: Miss Gertrude Halpenny, August 30th, 1911.

November 4th. Army Medical Corps.—Nursing Sister Miss Carrie MacLean is detailed for duty to No. 2 General Hospital from October 11th, 1911.

F. L. LESSARD,
Brigadier General, Adjutant General.

Let me tell you about Benger's Food for Invalids

In times of sickness and ill-health, the natural digestive organs are nearly always deranged, consequently the digestive functions become entirely inadequate.

Failure to digest any food taken into the stomach means failure to supply nourishment when it is most required.

On the other hand, if the digestive system can do any work, it should be given work to the extent of its power, then as strength increases, the digestive organs regain their activity.

The great advantage of Benger's Food is that it can be prepared to give either a carefully regulated exercise of digestion, or almost complete rest, according to the condition of the patient.

Benger's prepared with milk is a complete Food in the form of a dainty and delicious cream, rich in all the elements necessary to sustain life. It is well known to medical men and is approved by them. There is no real substitute for it.

Every lady having the care of an invalid, will learn much that is valuable to know in the new Booklet, just published by the proprietors of Benger's Food; among other things, it contains a variety of dainty invalid recipes, prepared to relieve the monotony of milk diet, which becomes very irksome to invalids. A copy will be sent post free on application to

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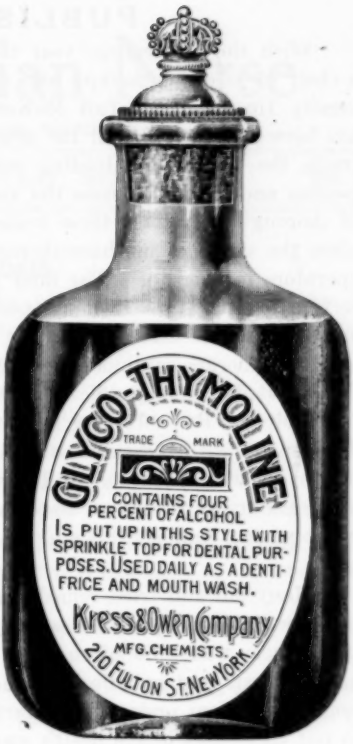
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